

04-11-05 JC10 Rec'd PCT/PTO 08 APR 2005 #2

PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/520,747
		Filing Date	January 10, 2005
		First Named Inventor	M. Koike
		Art Unit	tba
		Examiner Name	tba
Total Number of Pages in This Submission	6	Attorney Docket Number	3084 USOP

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> PTO Form PTO/SB/08A
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Copy of 5 references
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<p>Remarks The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account 500799.</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature	<i>Elaine M. Ramesh</i>		
Printed name	Elaine M. Ramesh		
Date	4/8/05	Reg. No.	43,032

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature		
Typed or printed name		Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Express Mailing # 2V 50403984 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/520,747

Filed: January 10, 2005

1st Inventor: M. Koike

For: Production Method of Coated Preparations

Dkt. No. 3084 USOP

Art Unit: tba

Examiner: tba

Allowed:

Batch:

Paper No.:

Supplemental Information Disclosure Statement

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 CFR §1.56, 1.97 and 1.98, Applicants' request consideration of the reference listed on the attached form PTO-1449 under §1.97(b).

Should the Examiner believe that a conference with Applicants' attorney would advance prosecution of this application, the Examiner is respectfully invited to call Applicants' attorney.

Respectfully submitted,

Dated: April 8, 2005

(847) 383-3391

(847) 383-3372

Elaine M. Ramesh
Elaine M. Ramesh, Ph.D., Reg. No. 43,032
Mark Chao, Ph.D., Reg. No. 37,293
Attorney for Applicants
Customer No. 23115

Takeda Pharmaceuticals North America, Inc.
Intellectual Property Department
475 Half Day Road
Lincolnshire, IL 60069 USA

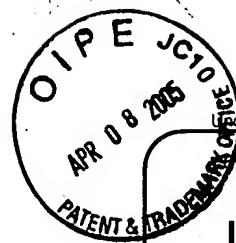


Certificate of Mailing under 37 CFR 1.10

The undersigned hereby certifies that this document, along with any attachments, is being deposited in an envelope addressed to The Commissioner of Patents and Trademarks, with sufficient postage with the United States Postal Service EXPRESS MAIL Post Office to Addressee Service on this date April 8, 2005.

Express Mail Label No. EV 524903984 US

Gail L. Winokur
Printed Name: Gail L. Winokur



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet 1 of 1

Complete if Known

Application Number	10/520,747
Filing Date	January 10, 2005
First Named Inventor	M. Koike
Art Unit	tba
Examiner Name	tba
Attorney Docket Number	3084 US0P

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear
		Country Code ³ "Number ⁴ "Kind Code ⁵ (if known)			
		WO 2004/045608 A1	12-13-2003	Ranbaxy Laboratories	
		WO 03/105809 A1	10-14-2002	Themis Laboratories Private	
		WO 00/28989	11-08-1999	SmithKline Beecham	
		WO 2004/069229	09-17-2003	IPCA Laboratories Limited	
		WO 99/47128	03-10-1999	Bristol-Myers Squibb Co.	

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.